

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	2					
7	2					
8	1					
9	2					
10	1					
11	2					
12	2					
13	1					
14	1					
15	2					
16	2					
17	2					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	⑧					
25	1					
26	1					
27	⑨					
28	1					
29	2					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	37	↔	↔	↔		
TOTAL CLAIMS	38					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						